



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 STATE
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1. Entity ID Number 30838	2. Exact name of the Corporation Saint Raphael's Industrial Home and School		
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.		
4. NAICS Code 813110 - Religious Organizational			
6. Principal Office Address One Cathedral Square	City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Most Reverend Thomas J. Tobin Street Address One Cathedral Square City Providence State RI Zip 02903		Vice-President Name Rev. Msgr. Albert A. Kenney Street Address One Cathedral Square City Providence State RI Zip 02903	
Secretary Name Rev. Timothy D. Reilly Street Address One Cathedral Square City Providence State RI Zip 02903		Treasurer Name Most Reverend Thomas J. Tobin Street Address One Cathedral Square City Providence State RI Zip 02903	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Most Reverend Thomas J. Tobin Street Address One Cathedral Square City Providence State RI Zip 02903		Director Name Rev. Msgr. Albert A. Kenney Street Address One Cathedral Square City Providence State RI Zip 02903	
Director Name Rev. Timothy D. Reilly Street Address One Cathedral Square City Providence State RI Zip 02903		Director Name Street Address City State Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary			Date 7/19/19
Signature of Officer/Authorized Representative SIGN DOCUMENT FILED			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov
 3576154_1/1444-30

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BY